

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 12 2022

RECEIVED

Permit #:	22-0219
Date:	9-2-2022
Amount Paid:	1410-
Other:	TSA 175-
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Patrick M. and Barbara A Kriskovich				Mailing Address: 44620 State Hwy 112				City/State/Zip: Ashland WI 54806				Telephone: 715-209-7244 218-343-2846			
Address of Property: 30670 Maple Ridge Rd				City/State/Zip: Mason WI 54856								Cell Phone: 715-209-7244 218-343-2846			
Email: (print clearly) Patrick.kriskovich@gmail.com				malyuk1023@gmail.com											
Contractor: Patrick Kriskovich				Contractor Phone: 715-209-7244				Plumber: Quinn Granger				Plumber Phone: 715-685-4330			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 21117		Recorded Document: (Showing Ownership)					
SE 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Section 13		Township 46		N, Range 5		W		Town of: Kelly		Lot Size		Acreage 40			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$470,000 Bank Appraisal	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: mound System	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 72'0"	Width: 56'0"	Height: 18'0"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(72' x 38')	4,632 2,736
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x)	
		with a Porch	(6' x 14')	84
		with (2nd) Porch	(6' x 30')	180
<input type="checkbox"/> Commercial Use		with a Deck	(x)	
		with (2nd) Deck	(x)	
		with Attached Garage	(30' x 24')	720
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(x)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(x)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(x)	
	<input type="checkbox"/>	Accessory Building (explain)	(x)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(x)	
	<input type="checkbox"/>	Special Use: (explain)	(x)	
	<input type="checkbox"/>	Conditional Use: (explain)	(x)	
	Other: (explain)	(x)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Patrick Kriskovich
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7.11.22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: 44620 State Hwy 112 Ashland WI 54806

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

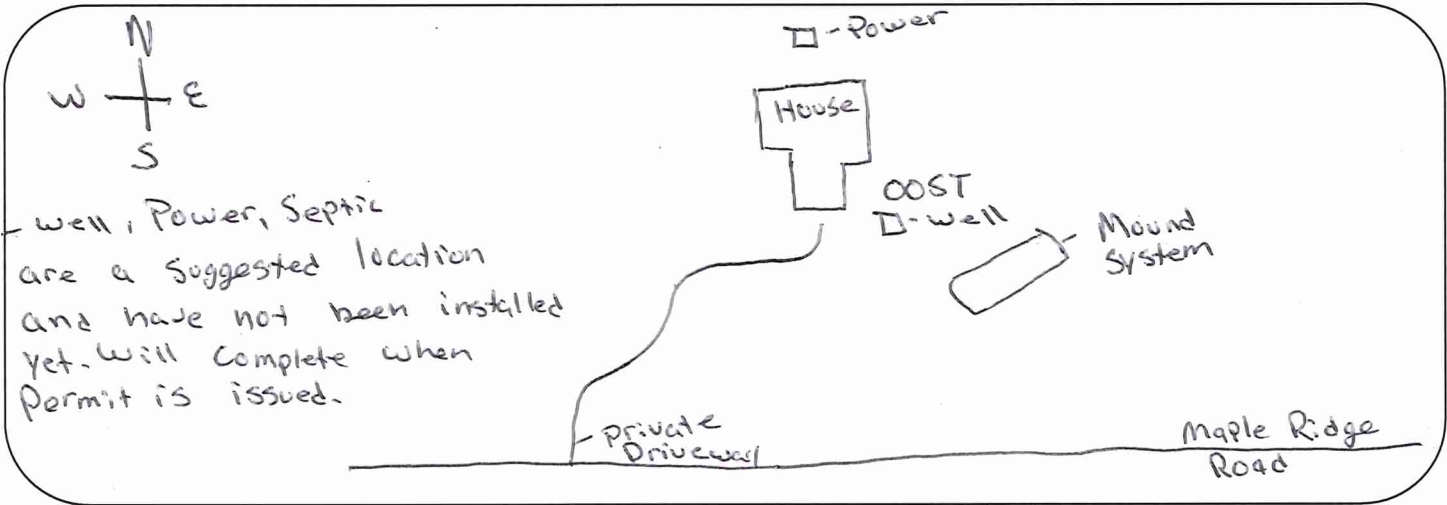
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	500 704 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	470 Feet	Setback from the River, Stream, Creek	385 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	515 Feet		
Setback from the South Lot Line	710 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	350 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	880 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>22-1025</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>8/31/2022</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>22-0219</u>		Permit Date: <u>9-2-2022</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>GIS review - no concerns.</u>					Zoning District (<u>A1</u>)
					Lakes Classification (<u>-</u>)
Date of Inspection: <u>8/15/2022</u>		Inspected by: <u>ms</u>		Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)					
<u>To meet all setbacks including eaves and overhangs. To be constructed per plan.</u>					
<u>Town/State/DNR permits may be required.</u>					
Signature of Inspector: <u>Ma [Signature]</u>				Date of Approval: <u>9/1/2022</u>	
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
				Hold For Fees: <input type="checkbox"/> _____	

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

ENTERED

Date Zoning Received (Stamp Here)

AUG 10 2022

Bayfield Co.
Planning and Zoning Agency

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.wi.gov

Website:

www.bayfieldcounty.wi.gov

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) (front/back). This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Patrick M and Barbara A Kriskovich Contractor _____

Property Address 30670 Maple Ridge Rd

Authorized Agent _____

Mason WI 54856

Agent's Telephone _____

Telephone 715-209-7244 or 218-343-2846

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

SE 1/4 of SE 1/4, Section 13, Township 46 N., Range 5 W. Town of Kelly

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 21117 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for)

Zoning District: Ag-1

Lakes Classification _____

approval of new construction on Residential home

We, the Town Board, TOWN OF Kelly, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

meets comprehensive plan

** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

** NOTE:

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Matt L

Supervisor: Chad R

Supervisor: A. J. H.

Supervisor: _____

Clerk: [Signature]

Date: 8/8/22



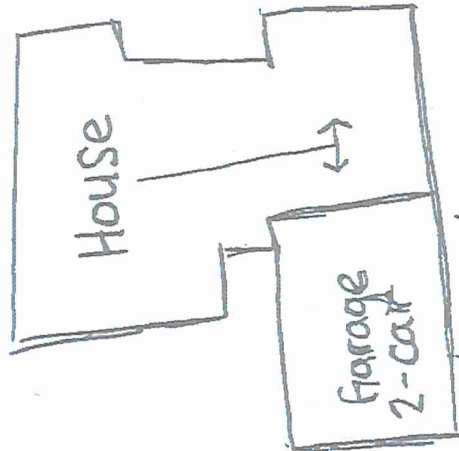
wooded Area

Field

Mountain

wooded Area

road



Rd 856

X power Pedestal

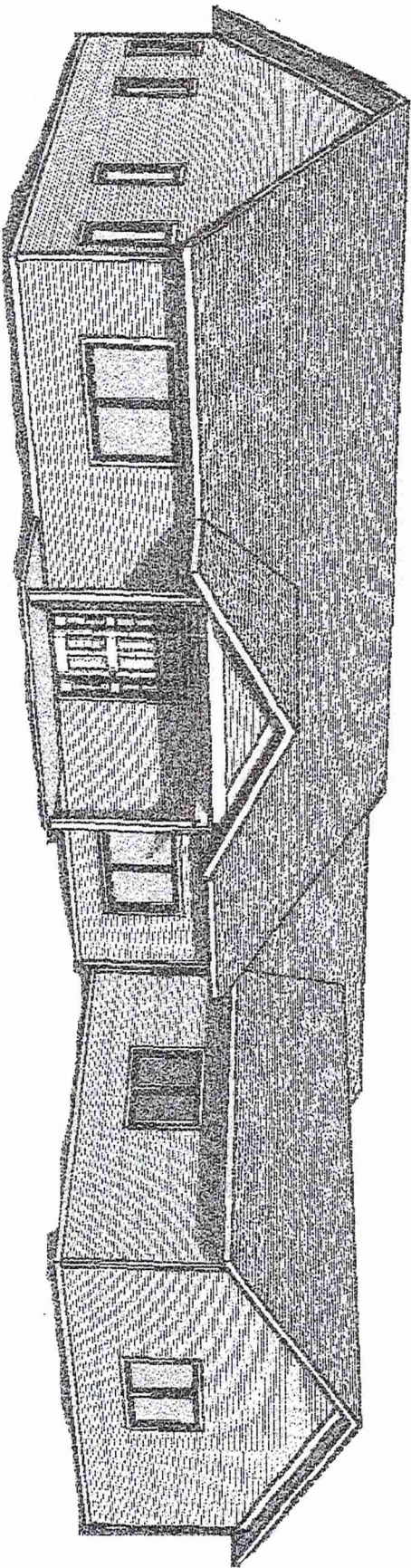
X holding tank

Well

Propane Tank



Important Note:
- It is agreed that, although every effort has been made in preparing and checking these plans for accuracy, the owner/contractor/reader persons must review all dimensions, details, and notes prior to any construction and report any inconsistencies to Designer for further edit.
- It is agreed that the Wisconsin Uniform Dwelling Code and engineered floor and roof design shall take final precedence over these architectural plans.



Kriskovich Home

General Notes:
-All dimensions are to rough framing unless otherwise noted.
-All siding or finish shall be supplied by the contractor.
-All exterior walls to be 8" x 6" and all interior walls to be 2" x 4" unless otherwise noted.
-All exterior walls to receive housewrap, housewrap to be installed over sheathing.
-All roofs and valleys to receive ice and water shield.
-Flash all windows and door openings.
-Seal all wall and ceiling penetrations that connect to exterior.
-All girders to be min. 36" AIF.
-All balustrade opening to follow the 4" sphere rule.
-Unless otherwise noted, include details unless noted on drawings.
-Detail increased number of window studs within to carry point loads above headboard openings. (Consult engineer plans)
-Unless otherwise noted all openings, in bearing walls, base of foundation, and other structural members shall be reinforced with 4"x6" to receive (min) 3/4"x12" DP headers, (assumed uniform loading)
-It is the sole responsibility of the specific trades, performing the work, to ensure that all work is done in accordance with the drawings, including compliance with all local and state building codes.
-HVAC contractor to test and balance HVAC system and leave in place for owner.
-All electrical work shall comply with the requirements of the Wisconsin Electrical Code, Vol. 2, ch. EPS 316.
-Design and installation of plumbing shall comply with the requirements of the Wisconsin Plumbing Code, ch. EPS 382 to 387.
-The contractor is to have all utility lines verified by the respective utility company. The contractor to have Digga map has been provided.
-The contractor is to make a reasonable attempt to locate any private utility lines, located on site, prior to excavation.

DESIGN: Phil Dwyer

EXTREME
MEASURES

Residential Construction Planning
Ashtabek, WI 54806

extrememeasures.com

Office: 715-431-5003 Mobile: 715-293-1371

DESIGNED: Submitted

DRAWN: WRE

APPROVED: WRE

Pat and Barb
Kriskovich Home
Maple Ridge Rd Ashland, WI 54806
Township of Kelly

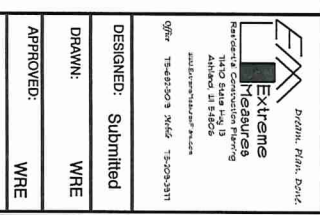
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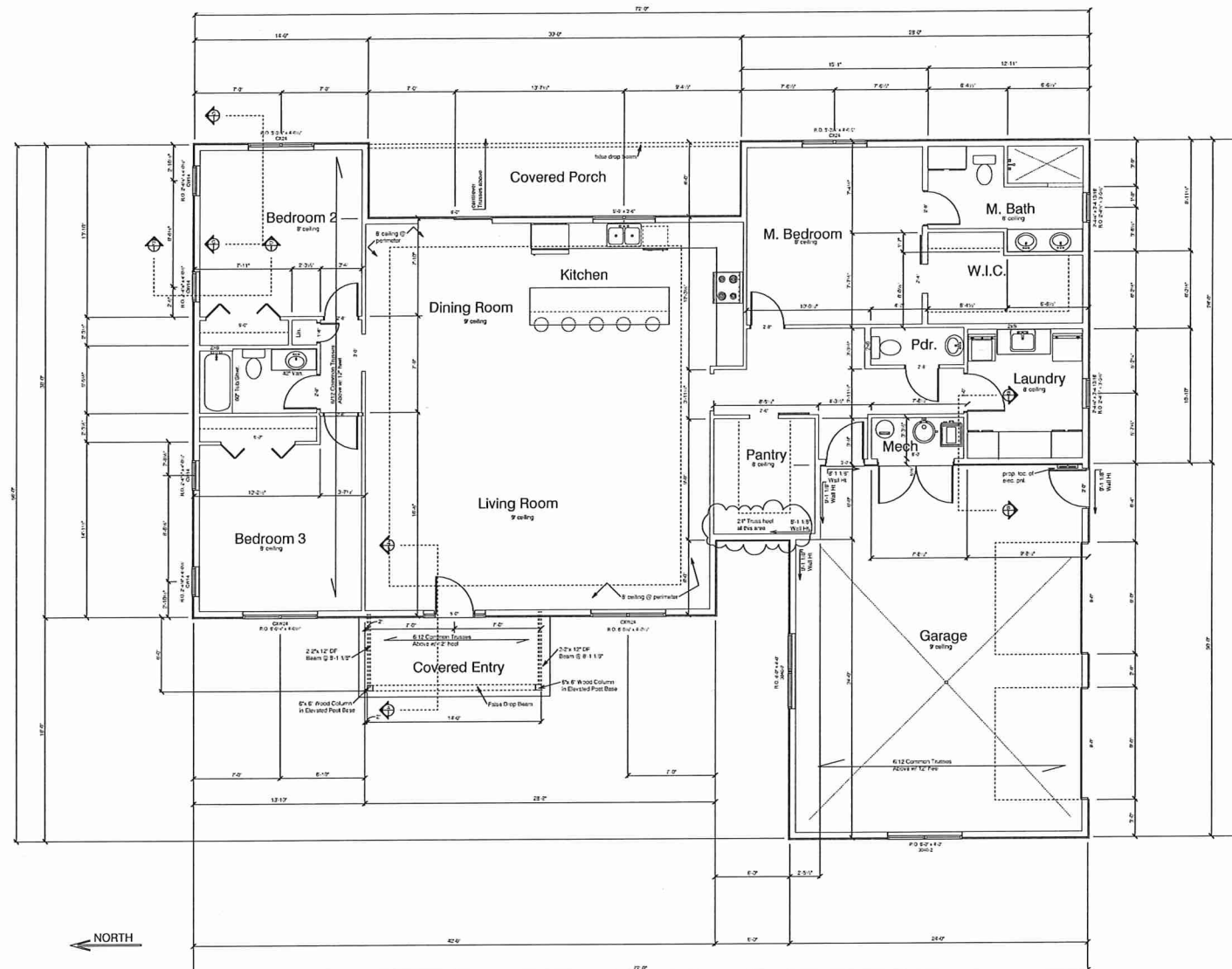
SCALE: As Shown

DRAWING No.: 22-04-933

DATE: 04-14-2022

Cover






Extreme Measures
 Residential Construction Planning
 11410 State Hwy 13
 Ashland, WI 54806
 Mail: Extreme@measuresllc.com
 Office: 715-692-5013 Mobile: 715-508-3971

DESIGNED: Submitted
 DRAWN: WRE
 APPROVED: WRE

Pat and Barb Kriskovich Home
 Maple Ridge Rd Ashland, WI 54806
 Township of Kelly

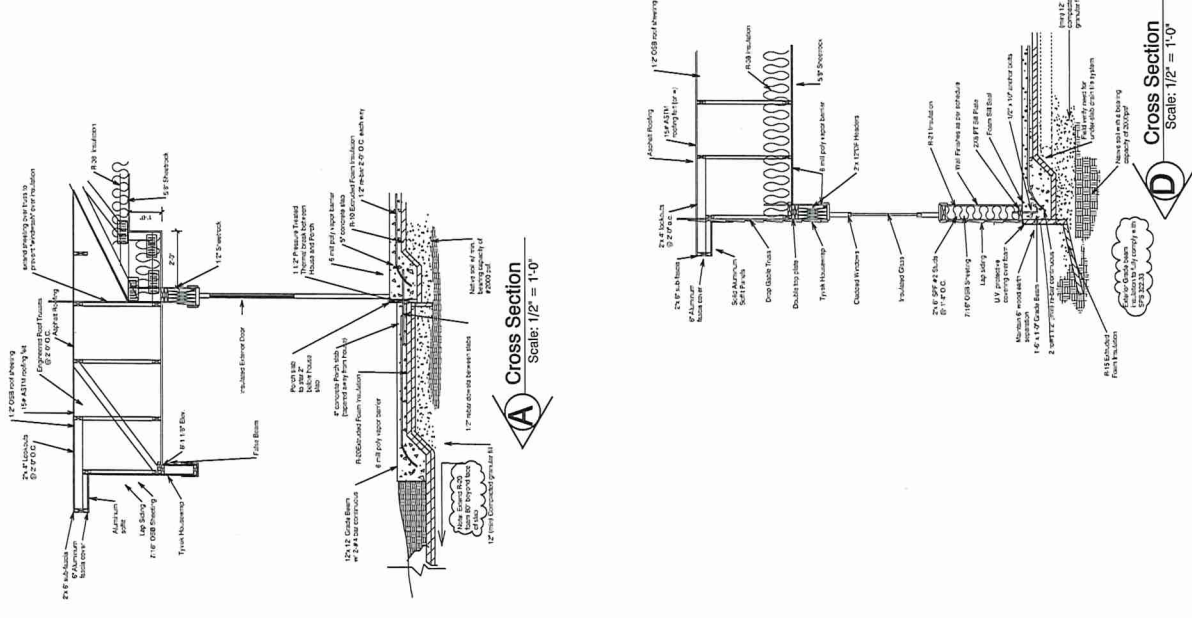
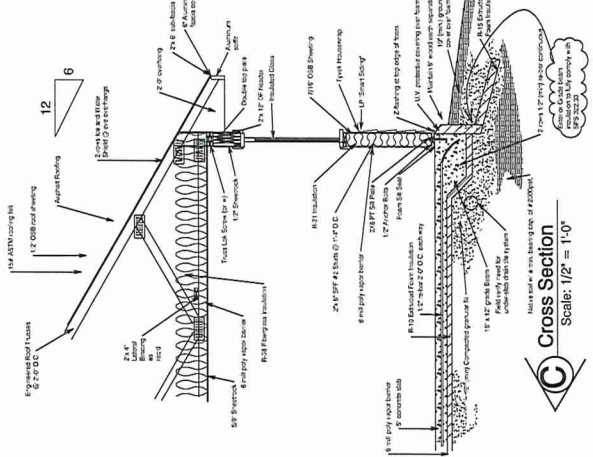
REVISED:
 SCALE: 1/4" = 1'-0"
 DRAWING No. 22-04-933
 DATE: 04-14-2022

Floor Plan

DESIGNED:	Submitted
DRAWN:	WRE
APPROVED:	WRE

REVISED:	
SCALE:	1/2" = 1'-0"
DRAWING No.	22-04-933
DATE:	04-14-2022

Total Load = 57psf
 -LL = 40 psf
 -DL = 17 psf
 - top cord = 7psf
 - bottom cord = 10 psf





Extreme Measures
Residential Construction Planning
1100 State St. 10
Madison, WI 53703
608-261-1111
www.extrememeasures.com

Office: 78-443503, 34667 78-0293371

DESIGNED: Submitted

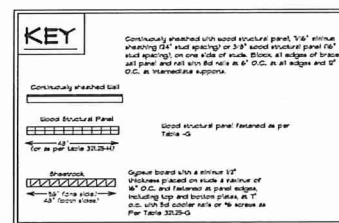
DRAWN: WRE

APPROVED: WRE

Pat and Barb
Kriskovich Home
Maple Ridge Rd Ashland, WI 54806
Township of Kelly

REVISION:	
SCALE:	1/4" = 1'-0"
DRAWING NO.	22-04-933
DATE:	04-14-2022

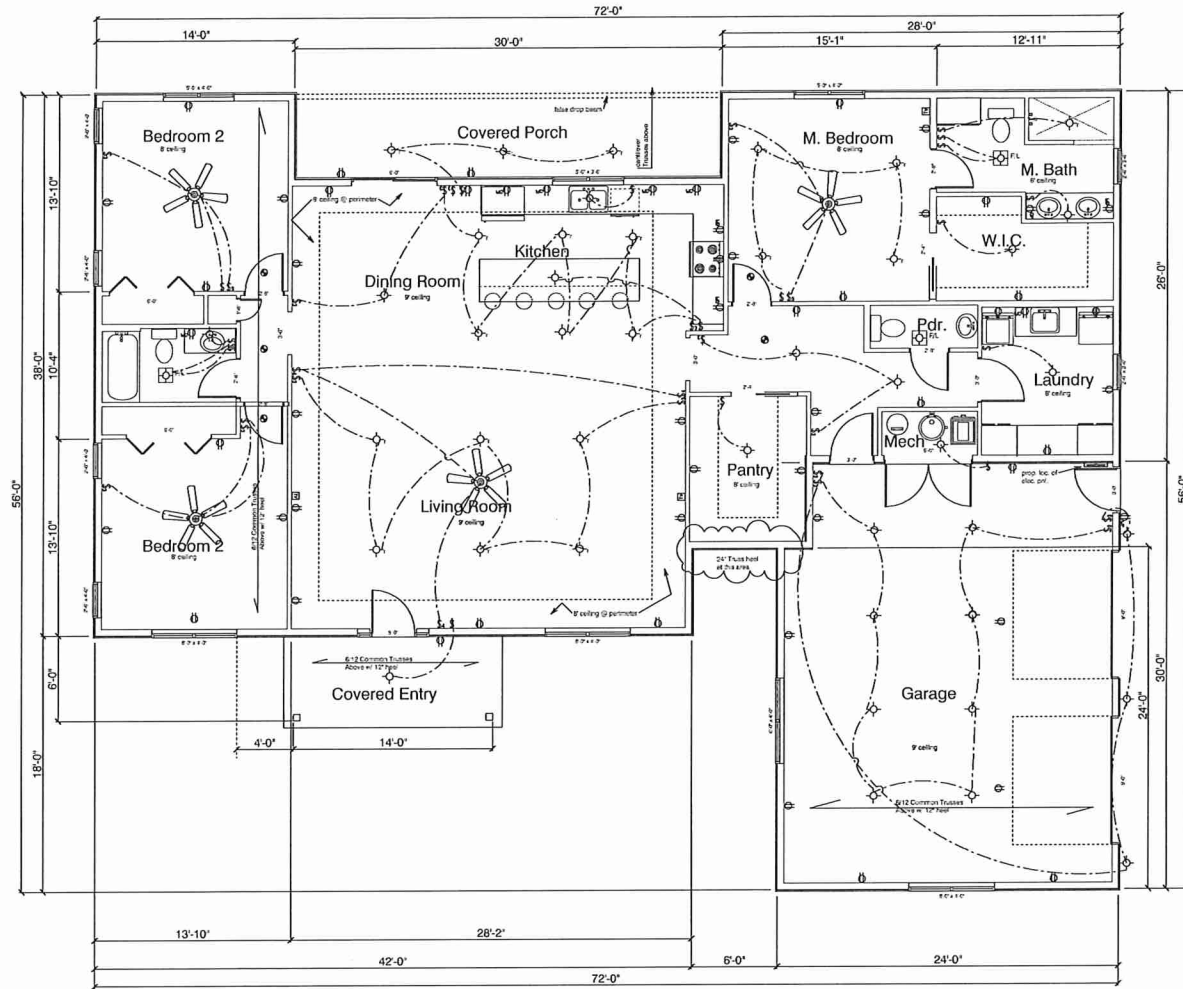
Elevations



Braced Wall Loc. (1)	Less than 3:1 with (to width ratio) (2)	Braced Wall Line (A,B,C,...) (3)	Story Level	Wall Panel Method Used Table 321.25-G (5)	Braced Panel Location Check		Panel Length Check	Panel Length Check	Panel Length Check	Length of Braced Wall Panels Check										Check Box If OK (9)	
					Braced Panel within 12'-6" (6)	Req'd o.c. panel spacing 21" (max) Check Box If OK Fig. 321.25-C (7)	Panel Length as per table 321.25-H (8)	If you don't have req'd panels see table 21.25-G (8)	If you meet table 21.25-G requirements, check that you meet Fig. 321.25 A (8)	Length of Perpendicular Side (4)	Length of Bracing req'd As Per Table 321.25-J (4)	Mult. for other than 10' walls As Per Table 321.25-H (4)/(5)(6)	Mult. for GE ht.	Required Length of Braced Wall Panels (11)	Actual Length of Braced Wall Panels (11)						
A	✓	1	1	GB	Y	✓	✓	✓			34	5.66	x	0.95	x	1	=	5.4	≤	8	OK
A	✓	2	1	CSM	Y	✓	✓	✓			34	5.66	x	0.95	x	1	=	5.4	≤	8	OK
A	✓	3	1	CSM	Y	✓	✓	✓			24	4.2	x	0.95	x	1	=	4	≤	6	OK
A	✓	4	1	CSM	Y	✓	✓	✓			24	4.2	x	0.95	x	1	=	4	≤	8.33	OK
B	✓	1	1	CSM	Y	✓	✓	✓			38	5.7	x	0.9	x	1	=	4.5	≤	16	OK
B	✓	2	1	CSM/GE	Y	✓	✓	✓			38	5.7	x	0.9	x	1	=	4.5	≤	16	OK
B	✓	3	1	CSM	Y	✓	✓	✓			72	10.8	x	0.9	x	1	=	9.72	≤	12	OK
B	✓	4	1	CSM	Y	✓	✓	✓			72	10.8	x	0.9	x	1	=	9.72	≤	12	OK

(3) IBM = Intermittent Bracing Method, CSM = Continuous Bracing Method

Wall Bracing



NOTE:
All electrical installations are to
completely comply with Wisconsin
Administrative Electrical Code Vol. 2
SPS 316

- Electrical Contractor to provide for:
- 200 Amp panel w/ breakers
 - All mechanical equipment wiring
 - Boiler
 - Pressure Tank
 - Water heater
 - others as directed by owner or contr.

- Provide circuits and devices for:
- Electric Range
 - Electric Dryer
 - Dishwasher
 - Floor outlets
 - smoke and CO2 detectors as per code
 - GFCI receptacles as per code
 - lighting as per plan
 - microwave
 - Installation of all flush mount fixtures

-Provide dimmer switches to all recess lighting



Dream. Plan. Done.

Extreme Measures

Residential Construction Planning

11410 State Hwy 13
Ashland, WI 54806

ask@extrememeasures.com

Office TS-631-5013 2646 TS-209-3911

DESIGNED: Submitted

DRAWN: WRE

APPROVED: WRE

Pat and Barb
Kriskovich Home
Maple Ridge Rd Ashland, WI 54806
Township of Kelly

REVISED:

SCALE: 1/4" = 1'-0"

DRAWING No. 22-04-933

DATE: 04-14-2022

Electrical

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **22-102S**
SIGN –
SPECIAL (TBA) – (Town of Kelly-8/10/2022)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0219** Issued To: **Patrick & Barbara Kriskovich**

Location: **SE** ¼ of **SE** ¼ Section **13** Township **46** N. Range **5** W. Town of **Kelly**
In Doc # 2022R-595522

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

Residential Structure in Ag-1 zoning district

For: [1- Story): **Residence (72'x38')**; **Porch (6'x14')**; **Porch #2 (6'x30')**; **Garage (30'x24')** = 3,720 sq. ft.
Height of 18'. (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain all setbacks including eaves and overhangs.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

McKenzie Slack, AZA

Authorized Issuing Official

September 2, 2022

Date